

Last name:

First name: MI Soc. Sec. #: - -

Address:

City: State

Zip Code: - Male ☐ Female ☐

Home phone: - - Business: - -

Check One	Exam Date	Registration Deadline	Exam Location	Site ID
<input type="checkbox"/>	January 18, 2003	December 3, 2002	Louisville, KY	1734
<input type="checkbox"/>	April 12, 2003	February 28, 2003	Lexington, KY	1711
<input type="checkbox"/>	July 12, 2003	May 30, 2003	Louisville, KY	1733
<input type="checkbox"/>	October 18, 2003	September 4, 2003	Bowling Green, KY	1702

ABOUT REGISTRATION

- The cost to register is **\$120**. This examination fee is non-refundable/non-transferable.
- Registration is required. Deadlines are strictly enforced.
- All exam registration materials must be received by the registration deadline (**postmarks do NOT count**).
- You will receive your admission ticket approximately two weeks prior to the exam date.
- Your admission ticket will include information regarding the date and location of the exam.

PLEASE INCLUDE WITH YOUR MATERIALS

- Your completed registration form with signature.
- Your **\$120** examination fee (please make check or money order payable to NBCC).
- An unofficial copy of your **transcript** showing completion of master's in counseling or a copy of your graduate **diploma**.

WHERE TO SEND YOUR REGISTRATION MATERIALS

NBCC
PO Box 651051
Charlotte, NC 28265-1051

QUESTIONS ABOUT THE EXAM ADMINISTRATION? Tel: 336-547-0607; Fax: 336-547-0017; E-mail: nbcc@nbcc.org

Have you previously taken the NCE with the National Board for Certified Counselors? Yes ☐ No ☐

If yes, on which date? / /
Month Day Year

I understand that I am taking the NCE for the purpose of fulfilling requirements for professional counselor certification in Kentucky. I authorize NBCC to provide the Kentucky Board of Certification for Professional Counselors with examination results. I understand that I am not eligible for Kentucky Certification until passing the NCE and completing all other certification requirements pursuant to KRS 335.525.

Signature: _____ Date: _____

CHARGE ORDER FORM - DO NOT DETACH

Credit card type: VISA ☐ Mastercard ☐ American Express ☐

Account number:

Name on card:

Signature: _____ Date: _____

Exp. date: /

Amt. charged: \$